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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/538,990	06/21/2006	William Kaelin	ON/4-32837A	4273	
1095 NOVARTIS	7590 03/19/200	8	EXAMINER		
CORPORATE INTELLECTUAL PROPERTY ONE HEALTH PLAZA 104/3			WEBB, WALTER E		
	PLAZA 104/3 ER, NJ 07936-1080		ART UNIT	PAPER NUMBER	
			1612		
			MAIL DATE	DELIVERY MODE	
			03/19/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intorvious Summary	10/538,990 KAELIN, WILLIAM		М
Interview Summary	Examiner	Art Unit	
	WALTER E. WEBB	1612	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>WALTER E. WEBB</u> .	(3)		
(2) <u>Lydia T. McNally</u> .	(4)		
Date of Interview: <u>06 March 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	•]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>1-12</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f)⊠ was reached. g	)∏ was not reached. h)∏ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>We discussed whether of We agreed that a response was not filed</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPRIEMENTS ON REVERSE SIDE OF THE SHEET.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)